

2017 RCAC SUMMER ART CAMP

At the RCAC Art Gallery with *Director Paul Craighead - 770-843-5302*

TEEN CAMP (ages 12 - 17) June 5 - 9, 2017 (10:00 AM – 2:00 PM)

YOUTH CAMP (ages 7 – 12) June 19 - 23, 2017 (10:00 AM – 2:00 PM)

Date of Birth: _____

Name of Participant _____ Age: _____ Grade: _____ Male: _____ Female: _____

Any Known Medical Conditions (food allergies, other)? _____

Special Health Considerations or Accommodations: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Residence: City Limits of Rockmart Inside Polk County Other than Polk County _____

Adult(s) (other than parent or guardian) who may pick up your child: _____

Emergency Contact Name with number: _____

TUITION: Circle One - \$90.00 – TEEN CAMP // \$90.00 - YOUTH CAMP

(Mail completed form with payment – ONE FORM PER CHILD) (RCAC Family Patrons get a \$5.00 discount)

Registration fee is *non-refundable* after June 2 for Teen Camp & after June 16 for Youth Camp

(All refunds will deduct a \$10.00 administrative fee).

*****Students need to bring a sack lunch each day*****

Teen Campers need to bring a smart phone

Send registration form with payment to: **RCAC Summer ART Camp, P.O. Box 231, Rockmart, GA 30153**

Drop off: **City of Rockmart, Night Drop in a sealed envelope marked "RCAC ART CAMP"**

Make check/money order payable to "City of Rockmart/RCAC" with "child's name – ART camp" on the memo line.

WAIVER:

In consideration of being permitted to participate in the Rockmart Cultural Arts Center Program, related events and activities, on behalf of myself, or a minor child or ward, heir next of kin, personal representative, successor or assign;

1. ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:

- To the best of my knowledge, I am in **GOOD PHYSICAL CONDITION** and have no disease or injury that would be aggravated by participating in activities related to the Rockmart Cultural Arts Center Program.
- Participating or assisting others in participating in the Rockmart Cultural Arts Center Program may involve **RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY**, or other consequences, which might result not only from my own actions, inaction or negligence but also the actions, inactions or negligence of others or the conditions of the premises or of any equipment used:
- There may be **OTHER RISKS** not known or not reasonably foreseeable: and Understanding all of the above.

2. I ASSUME ALL OF THE ABOVE RISKS AND RELEASE WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

- The City of Rockmart or any of its agencies, the Rockmart Cultural Arts Center, its employees or volunteers, teachers, coaches, trainers, officials affiliated with the Rockmart Cultural Arts Center Program.

3. MEDIA:

- Your child's work, name, or image used for RCAC media purposes may be in the form of a public newspaper, radio, television, or on the RCAC website and/or Facebook, Twitter, and other social media sites.
- If you **DO NOT** wish to allow your child's image to be published, please INITIAL HERE _____.

I also understand that the Rockmart Cultural Arts Center maintains a Zero (0) Tolerance Drug and Alcohol Program; and if determined that this program has been breached, this will be grounds for termination from the Rockmart Cultural Arts Center Program and that no refund of fees will be awarded.

_____/_____/_____
PRINT Name of Parent/Legal Guardian

_____/_____/_____
Signature of Participant **OR** Parent/Legal Guardian

_____/_____/_____
Date